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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2022 JAN 24 AM 11:18

Robert Murray

Known as LEVITICUS LUCIFER No. _____

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

C.O. Pratt et al

Do you want a jury trial?

☐ Yes ☒ No

~~CO. Pratt et al~~ John Doe, Capt, Jan Doe

Capt John Doe mental health Department
Department of (OMH) - 2 Jan Doe Dep's.

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

V. STATEMENT OF CLAIM

Place(s) of occurrence:

C-95/C-71 heart Island

Date(s) of occurrence:

12-16-2021**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

12-16-2020 I had To go Down To heart Island clinic I was in C95 Hallway when I stoppe at heart Island Door Because I was stoping There Because I was threaten By inmates Pratt and A nothere officer approached me in the hallway ~~He~~ Telling me That They should fuck me up For filing lawsuit I walk from one Side of the hallway To get away I walk from them I was followed C.O. Pratt and John Doe ~~Pratt~~ hit me off my feet which pick me up of my feet I landid To The floor with injord my lowerd Back and Leg its cambras in The hallway and The officer and Capt That was The head Body cams I was in fear of my life in C-95 Do To officers having a hit on me I was Taken of The floor and put on a gency and To The Hospita in The Facility Then was Taken Back TO

This go with The Complaint
That is Dated 1-14-22

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

D.O.C. WAS NOT allowing The
Doctor TO make The proper Diagnosis
I in answer to that I have Low Back
pain

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

100,000,000 Computory Damiges
100,000,000 punitive Damiges

I would like TO court TO order
all amrae Footge all Body cam Footge
and all jail House Footge The court
will see The Truth

Robert Murray Known as
Leviticus Loefler

The cell area in 3 lower where inmates ~~threaten~~
Threaten my life Because the C.O. had (10 pack) of
Smokes on my head I was Tell the officers
and Capt my life was in Danger
They put in the ~~these~~ House on the
Bed and left me there inmates
was not feeding me my religious meals
was being Denide 3 Days of Being
Torture ~~inmate~~ I Told a lady Capt
I Did Not Eat Breakfast she left
Then the officer Told the inmate
to throw something on him the inmate
Trough Hot water on me the Slot of
The cell I cop and one pan of Hot water
The water in the pan landed on my
Back with pilled my skin so I
Flooded the cell the Capt. Came Back
and sprayed ~~me~~ mased me I
was Take of the floor of the
cell so I cant walk DO
TO the incident of 12-16-21

The Courts would have to order
the Taps to see that the officers
was violating the Law I was
also put Back in heart Island
when my Food was Being Denied
I was in a cell with No Toilet
No water I was Living like a Dog
I Believe I got out of the Jan. 2, 2020
The officer was Trying to Kill
me and They gave me COVID 19
to Kill me Because what I know
about officer Rapeing inmates on
Rikers Island, I got ASSLatted
on Dec. 16 and was NOT send
For out Side treatment ~~but~~
I WAS in the cell Living
on The floor.

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

C.O. Parth et al
 First Name Last Name Shield #
C.O. (C-95)(C-71) Hart Island
 Current Job Title (or other identifying information)
18-18 HOZEN & East Elmhurst
 Current Work Address
NY NY 11370
 County City State Zip Code

Defendant 2:

OmH
 First Name Last Name Shield #
mental Health Dept.
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 3:

D.O.C. Department of Corrections
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 4:

2 John Doe Dept.
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County City State Zip Code

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert Lee Murray
 First Name Middle Initial Last Name

LEVIT, COS LUCER
 State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

BELLEVUE Hospital 462 1st ave
 Current Place of Detention

NY NY
 Institutional Address

NY 10006
 County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-14-22
Dated
Robert
First Name
Lee
Middle Initial
Marney
Last Name
Plaintiff's Signature

Prison Address

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

1-14-22

Robert Murray
549-21-03473
Bellevue Hospital
462 1st ave
NY NY 10016

1/14/22
legal mail

NEW YORK NY 100

19 JAN 2022 PM 11:11

SDNY PRO SE OFFICE



Pro-Se Office

US DISTRICT COURT
SOUTHERN DISTRICT of NY
500 Pearl Street

NY 10007-1330
10007-1330